

Connecticut State Firefighter's Association Memorial Committee

C/O The Connecticut Fire Academy

34 Perimeter Road

Windsor Locks, CT 06096-1069

Line of Duty Death Notification Form

Forms submitted after August 1st of any year will be tabled for review for the next year's ceremony. Firefighters Memorial Ceremony to be Held the last Sunday in September each year.

Full Name of Deceased Firefighter: _____ Rank: _____
(First, Middle, Last)

Date of Incident: _____ Date of Death: _____ Total Years of Service: _____

Sex: M F Date of Birth: _____ Time Fatal Injury(ies) Occurred: _____

Please indicate the classification of the deceased Firefighter:

Career (Paid) Part-Time (Paid) Paid-on-Call Other _____

Volunteer Wildland (Full-Time) Wildland (Part-Time) Wildland (Contract)

Indicate the type of unit that the deceased Firefighter was assigned to for the fatal incident:

Engine Ladder/Truck Quint Heavy Rescue/Squad
 FD Ambulance/EMS Vehicle Command Vehicle Tanker/Water Tender Admin/Fire Marshal
 Brush/Wildland Apparatus Aircraft Firefighter's Personal Vehicle

Was the deceased firefighter operating as a part of his or her regularly assigned company at the time of the fatal incident? Yes No If no, please explain (on a separate sheet if necessary)

Please list the deceased firefighter's Next of Kin (spouse, children, surviving parents):

Name Relationship Mailing Address

FIRE DEPARTMENT INFORMATION

Fire Department: _____ Name of Contact Person: _____

Address: _____

Phone Number: _____ FAX Number: _____

Fire Chief Name: _____ E-Mail for Contact Person: _____

Categorize the Area Served by Your Department as Primarily: Rural Suburban Urban

Total Number of Active Fire Department members: _____ Social (non-active) members: _____

Type of Department: Career Volunteer Combination (Career and Volunteer)

INCIDENT - Please attach a description or briefly describe how the fatal injuries were sustained. Please note significant factors that may have contributed to the firefighter's death:

TYPE OF DUTY - Please indicate the duty being performed by the Firefighter at the time of the fatal injury:

- | | |
|--|---|
| <input type="checkbox"/> Responding to an Emergency Incident | <input type="checkbox"/> Training |
| <input type="checkbox"/> Working at the Scene of the Fire Incident | <input type="checkbox"/> After an Incident |
| <input type="checkbox"/> Working at the Scene of a Non-Fire Incident | <input type="checkbox"/> Other On-Duty Activity |
| <input type="checkbox"/> Returning from the Scene of an Emergency Incident | <input type="checkbox"/> Other |

Please feel free to attach copies of incident reports, newspaper clippings or any other information that may be helpful to the Memorial Committee.

FIRE CHIEF CERTIFICATION

I the undersigned, as fire chief of the _____ fire department certify the information contained within this document is to the best of my knowledge, true and is offered for consideration in good faith.

Fire Chief's Signature

Printed Name